PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10608965

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			22				Г	RATE	FEE	١	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			ع با minus 20=		* Q			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS			mir	านร 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	·
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	<u> </u>	TOTAL		OR	TOTAL	30 n
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ç	SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
	terstonia mini	(Column 1) CLAIMS	VALUE OF STREET	HIGH		(Column 3)) 		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			+140=		OR	+280=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										ADDIT. I CE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L.	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM			+140=		OR	+280=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		I ⊢			UH		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pa					er found	d in the app	ropriate box	in co	lumn 1.	